#### APPLICATION FOR SPECIAL **DESIGNATED LICENSE**

CITY OF LINCOLN CITY CLERK'S OFFICE 555 S 10<sup>TH</sup> ST LINCOLN NE 68508 PHONE: (402) 441-7438

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2015	JUN	15	PM	4	07		

DO YOU NEED POSTERS OF LINCOLN

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RETAI	L LICENSE HOLDER 💢	DO 100 N	N	EDRASKA	S) N	OLI
NON F	PROFIT APPLICANT O Non Profit Status (check of Municipal O Political O Fi		○ Religious ○ C	haritable O	Public Servic	е О
СОМР	LETE ALL QUESTIONS					
1.	Type of alcohol to be serve	ed and/or consumed:	Beer☑	Wine 🛛	Distilled S	Spirits 🔽
2.	Liquor license number and (If you're a nonprofit organ		CK55441)	CK	013854	4
3.	Licensee name (last, first,) your liquor license). If you	, corporate name or li are a nonprofit, name	mited liability come & address of the	npany (LLC) e organizatio	name (As it i n.	reads on
	NAME:	woodynamics,	Inc.			
	ADDRESS:	412 0 5+	,			
	CITY:	incoln		ZIP:	68508	
4.	Location where event will b	e held; name, addres	s, city, county, zi	o code		
	BUILDING NAME:	Varrish Bu	11ding			
	ADDRESS:	Same		CITY:	1 400	
	ZIP:	Same	COUNTY & CO	UNTY #:	Same	
	a. Is this location within	the city/village limits?			YES	NO□
	b. Is this location within for aged/indigent or fo			home	YES□	NOC
	c. Is this location within	300' of any university	or college camp	ıs	YES□	DON

5.	Date(s	) and Time(s) of eve	ent (no more than s	six (6) consecutiv	e days on one app	lication)
Date 1	715	Date	Date	Date	Date	Date
Hours From	3m	<b>Hours</b> From To	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From	<b>Hours</b> From
То	M		То	То	То	То
	a.	Alternate date:	N	one		
	b.	Alternate location: (Alternate date or	location must be	specified in loca	l approval)	
6.	Indicat ODano Other:	e type of activity to be OReception		OBe	eer Garden d	OSampling/Tasting
7.	Inside	otion of area to be lid building, dimensions or area dimensions	of area to be cove	(not	square feet or acre	es)
	*SKET	CH OF OUTDOOR		cc attack		
	If outdo	oor area, how will preencesnow f	emises be enclose encech	d? ain link	_cattle panel _ 	tent
8.	How m	any attendees do yo	u expect at event?	250		
9.	If over alcohol	150 attendees. Indic beverages. (Attach	ate the steps that separate sheet if r	will be taken to preneeded)	event underage pe	rsons from obtaining
	tv	calned and	licarred !	200 à 400	wity Sta	ff
10.		emises to be covered Are there separate t				YES⊠ NO□ NO□

11.	Retailer: Will you be purchasing your alcohol from a wholesaler? YES NO Non-Profit: Where will you be purchasing your alcohol?  Wholesaler Retailer Both BYO (includes wineries)
12.	Will there be any games of chance operating during the event? YES NOK
	<b>NOTE:</b> Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.
13.	Any other information or requests for exemptions ( <b>must</b> be received by Commission 30 days prior to event, complete NLCC form 140):
14.	Name and <b>telephone number/cell phone number</b> of immediate <b>supervisor</b> . This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. <b>PLEASE PRINT LEGIBLY</b> Print name of Event Supervisor:
	Signature of Event Supervisor:
	Event Supervisor phone: Before 402 480 1769 During 402 480 1769  Email address: Scottsalemhatfield & Gmail com
15.	Consent of Authorized Representative/Applicant I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.
sign here	Authorized Representative/Applicant Title Date
	Print Name
This inc	dividual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing are individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

# SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event: Boulevard Music/ Concert Series
Applicant and Sponsoring Organization or Individual (if applicable):
Date(s) of Event: 7/11/15 Hours: 20m - 2am
Alternate Date(s): Hours:
Is the event open to the public?No
How will you ensure that minors will not be served or consume beverages containing alcohol:  Wared and licensed for and security Staff
Will food be served?YesNo If yes, please list food to be served:
Will non-alcoholic beverages be served:  Who will serve the beverages containing alcohol?  Who will serve the beverages containing alcohol?  Must complete Server/Seller Applicant Information Sheet.  Have the designated servers received responsible beverage server training?  Yes No  Will there be a charge for admission?  Yes No
In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? Yes No If so, explain:
Applicant's Signature Date

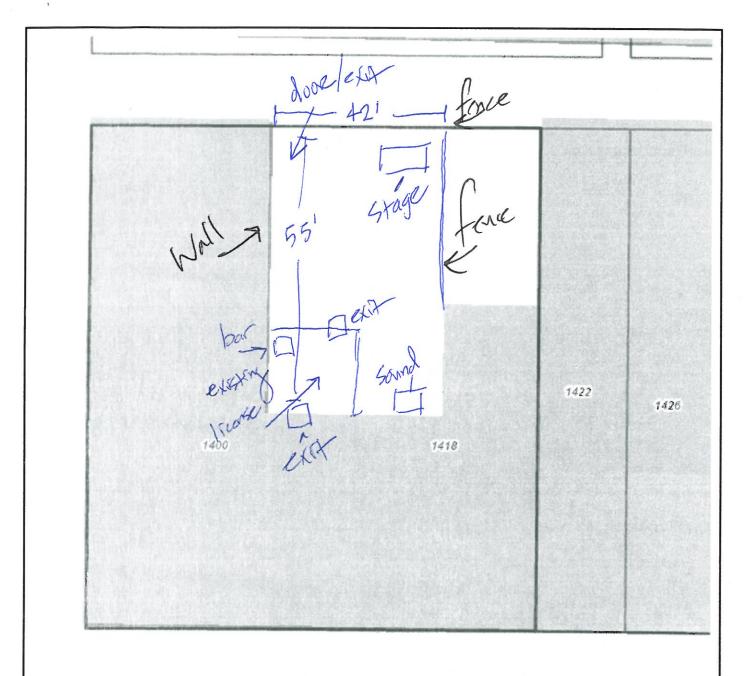
## SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

neces	sary.
1.	Number of Entry & Exit Points & Dimensions: (' x')
2.	Size & location of tent(s) (heights, width, depth)
3.	Size of area being used (x)
4.	Location & type of cooking equipment (if used)
5.	Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
6.	Height & type of fencing to be used.

Note: Two (2) exit points must be indicated on your drawing. These exits <u>cannot</u> lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.

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### Lancaster County/City of Lincoln GIS Map



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DIS CLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

### SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the **NAME** and **DATE OF BIRTH** of **ALL** Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

This applies to nonprofit corporations as well.

NAME	D/O/B	LNK Permit #
The state of the s		
	-	
7 0 3		
	+	
	1	

First	Middle	Last	Email	RBST	Certificate #	Expires	CITY	Permit #	Expires	Remove
Scott	Salem	Hatfield	scottsplemhatfield@gmail.com	4	RB-0033120	2016-10-18	4	LNKAM-0033121	2016-10-18	0
tessa		poters	tess1281@yahoo.com	4	FB-0000598	2016-01-02	4	LNK-0010225	2016-01-02	0
jeremy	wayne	wardlaw	pvvardlaw@gmail.com	4	R8-0000605	2016-01-02	4	LNK-0010228	2016-01-02	•
Hally		Blume	hollyblume@hotmail.com	4	RB-0000617	2016-01-02	4	LNK-0010237	2016-01-02	9
Jordan	Blue	Ellers	joeilers@gmail.com	4	RB-0000684	2016-01-08	4	LNK-0010275	2016-01-08	0
anria		kubick	anna;o913@gmail.com	4	R8-0000606	2016-01-02	4	LNK-0010226	2016-01-02	•
Benjamin	Joseph	Saltiros	bensalitroa@hoimuil.com	4	RB-0000621	2016-01-03	4	LNK-0010239	2016-01-03	•
james	kaylor	hasselbelch	jkchasselbalch@gmail.com	4	RB-0000844	2016-01-15	4	LNK-0015983	2016-04-05	•
timothy	perry	carr	timothyperrycarr@gmail.com	4	RB-0004260	2016-03-13	4	LNK-0012769	2016-03-13	•
jack	gerard	higgins	h gginsjack67@gmall.com	4	RB-0035489	2017-08-11	1	LNK-0035490	2017-08-11	0
kevin	costello	matlem	kovin nellern@gmzi.com	4	RB-0029061	2017-03-31	4	LNK-0029062	2017-03-31	•
ethan	daniel	emshoff	etemsho#@gmail.com	1	RB-0017622	2016-04-30	1	LNK-0017626	2016-04-30	0